

JULY 2002
U.S. PTO

2-11-02

PTO/SB/04 (03-01)

Approved for use through 10/31/2002. OMB 0652-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Please type a plus sign (+) inside this box → +

UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No.	6544-1007
(Only for new nonprovisional applications under 37 CFR 1.53(b))		First Inventor	Gerard Hodgins
		Title	A Waste Material Sterilizing and Size Reduction Apparatus
		Express Mail Label No.	EL874025372US

APPLICATION ELEMENTS		ADDRESS TO:	
See MPEP chapter 600 concerning utility patent application contents.		Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231	
1. <input checked="" type="checkbox"/>	Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/>	CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
2. <input checked="" type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.	8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)	a. <input type="checkbox"/> Computer Readable Form (CRF)
3. <input checked="" type="checkbox"/>	Specification [Total Pages 11] (preferred arrangement set forth below)	b. Specification Sequence Listing on:	i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper
	- Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure	c. <input type="checkbox"/> Statements verifying identity of above copies	
4. <input checked="" type="checkbox"/>	Drawing(s) (35 U.S.C. 113) [Total Sheets 2]	9. <input type="checkbox"/>	Assignment Papers (cover sheet & document(s))
5. Oath or Declaration	[Total Pages]	10. <input type="checkbox"/>	37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)
a. <input type="checkbox"/>	Newly executed (original or copy)	11. <input type="checkbox"/>	English Translation Document (if applicable)
b. <input type="checkbox"/>	Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)	12. <input type="checkbox"/>	Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
i. <input type="checkbox"/>	<u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	13. <input type="checkbox"/>	Preliminary Amendment
6. <input type="checkbox"/>	Application Data Sheet. See 37 CFR 1.76	14. <input checked="" type="checkbox"/>	Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)			
16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.			
17. <input type="checkbox"/> Other:			

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP) of prior application No.: /

Prior application information: Examiner _____ Group / Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here)	or <input checked="" type="checkbox"/> Correspondence address below	
Name: John W. Hayes Lee, Mann, Smith, McWilliams, Sweeney & Ohlson		
Address: P.O. Box 2786		
City: Chicago	State: Illinois	Zip Code: 60690-2786
Country: USA	Telephone: 312-368-1300	Fax: 312-368-0034

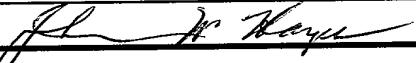
Name (Print/Type):	John W. Hayes	Registration No. (Attorney/Agent):	33,900
Signature:	February 7, 2002		

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEET TRANSMITTAL for FY 2002		Complete if Known			
Patent fees are subject to annual revision.					
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					
TOTAL AMOUNT OF PAYMENT		\$552.00			
METHOD OF PAYMENT (check all that apply)					
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None					
<input checked="" type="checkbox"/> Deposit Account:					
Deposit Account Number		12-0913			
Deposit Account Name					
The Commissioner is authorized to: (check all that apply)					
<input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments					
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application					
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above identified deposit account					
FEE CALCULATION (continued)					
3. ADDITIONAL FEES					
Large Entity		Small Entity			
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid	
105	130	205	65 Surcharge - late filing fee or oath		
127	50	227	25 Surcharge - late provisional filing fee or cover sheet		
139	130	139	130 Non - English specification		
147	2,520	147	2,520 For filing a request for ex parte reexamination		
112	920*	112	920* Requesting publication of SIR prior to Examiner action		
113	1,840*	113	1,840* Requesting publication of SIR after Examiner action		
115	110	215	55 Extension for reply within first month		
116	400	216	200 Extension for reply within second month		
117	920	217	460 Extension for reply within third month		
118	1,440	218	720 Extension for reply within fourth month		
128	1,960	228	980 Extension for reply within fifth month		
119	320	219	160 Notice of Appeal		
120	320	220	160 Filing a brief in support of an appeal		
121	280	221	140 Request for oral hearing		
138	1,510	138	1,510 Petition to institute a public use proceeding		
140	110	240	55 Petition to revive - unavoidable		
141	1,280	241	640 Petition to revive - unintentional		
142	1,280	242	640 Utility issue fee (or reissue)		
143	460	243	230 Design issue fee		
144	620	244	310 Plant issue fee		
Total Claims	20	-20** =	0 X 0.00 = 0.00		
Independent Claims	4	-3** =	1 X 42.00 = 42.00		
Multiple Dependent			140.00 = 140.00		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE					
Extra Claims		Fee from below	Fee Paid		
Total Claims	20	-20** =	0 X 0.00 = 0.00		
Independent Claims	4	-3** =	1 X 42.00 = 42.00		
Multiple Dependent			140.00 = 140.00		
Large Entity		Small Entity			
Fee Code (\$)	Fee Code (\$)	Fee Description			
103	18	203	9	Claims in excess of 20	
102	84	202	42	Independent claims in excess of 3	
104	280	204	140	Multiple dependent claim, if not paid	
109	84	209	42	** Reissue independent claims over original patent	
110	18	210	9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)		\$182.00			
*or number previously paid, if greater; For Reissues, see above					
*Reduced by Basic Filing Fee Paid SUBTOTAL (3) \$0.00					

SUBMITTED BY

Name (Print/Type)	John W. Hayes	Registration No. (Attorney/Agent)	33,900	Telephone	312-368-1300
Signature			Date	February 7, 2002	

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.